

AUTO CR - LOG SUMMARY #1054481

TYPE: INFO

Incident Finding / Overall Case Finding

| Description of Incident | Finding | Entered By | Entered Date |
|-------------------------|----------------|------------|--------------|
| | (None Entered) | | |

Reporting Party Information

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------------------------|------|----------|---------|-----------|----------|-----|------|---------|-------|
| NON-CPD Reporting Party Victim | | | | | | M | BLK | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|---------------|----------------------|
| 02-JUN-2012 09 00 - 02-JUN-2012 09 00 | | 0713 | 007 | 304 - STREET | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|----------------------|-----------------|----------|---------|-----------|----------------|---------|---|
| CPD Employee Accused | CLEARY, MICHAEL | 7514 | | 007 / | POLICE OFFICER | ON Duty | THE REPORTING PARTY STATES THAT HIS VEHICLE WAS INVOLVED IN A HIT AND RUN TRAFFIC ACCIDENT HE ALLEGES THAT THE ACCUSED OFFICER FAILED TO ISSUE THE OTHER MOTORIST A CITATION FOR NOT HAVING INSURANCE |

Other Involved Parties

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|------|------|----------|---------|-----------|----------|-----|------|---------|-------|
|------|------|----------|---------|-----------|----------|-----|------|---------|-------|

Involved Party Associations

| Role | Rep. Party Name | Related Person | Relationship |
|------|-----------------|----------------|--------------|
|------|-----------------|----------------|--------------|

Incident Details

| | | | |
|--------------------------------|-----|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IAD | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Civil Suit Settled Date: | |
| Notify Chief Administrator? | N | Notify Chief? | |
| Notify Coordinator? | | Notification Does Not Apply? | Y |
| Notification Other? | N | | |
| Notification Comments: | | | |

Incident Category List

| Incident Category | Primary? | Initial? |
|--|----------|----------|
| 07E - GROUP 07 - TRAFFIC (NOT BRIBERY/EXCESSIVE FORCE) FAIL TO ENFORCE TRAFFIC REGULATIONS | Y | Y |

Investigator History

| Investigator | Type | Assigned Team | Assigned Date | Scheduled End Date | Investigation End Date | No. of Days |
|----------------|---------|---------------|---------------|--------------------|------------------------|-------------|
| O CONNOR, MARK | Primary | DISTRICT/UNIT | 18-JUL-2012 | 17-AUG-2012 | | 2555 |

Extension History

| Name | Previous Scheduled End Date | Extended Scheduled End Date | Date Certified Letter Sent | Reason Selected | Explanation | Extension Report Date | Approved By | Approved Date | Approval Comments |
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|

Current Allegations

| Accused Name | Seq. No. | Allegation | Category | Subcategory | Finding |
|--------------|----------|------------|----------|-------------|---------|
|--------------|----------|------------|----------|-------------|---------|

Situations (Allegation Details)

| Accused Name | Alleg. No. | Situation | Victim/Offender Armed? | Weapon Types | Weapon Other | Weapon Recovered? | Deceased? |
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|-----------------------------|-------------------|---------------------|--------------------------|-----------|----------|
| CLOSED/NO CONVERSION | 22-AUG-2012 09:56 | SCOTT, NIYA | PERSONAL COMP OPER 2 | 121 / | |
| PENDING INVESTIGATION | 18-JUL-2012 08:36 | SCOTT, NIYA | PERSONAL COMP OPER 2 | 121 / | |
| PENDING ASSIGN INVESTIGATOR | 05-JUN-2012 01:14 | CLARK, SUSAN | LIEUTENANT OF POLICE | 121 / | |
| PENDING APPROVE TEAM | 05-JUN-2012 08:42 | DEL RIVERO, MINERVA | POLICE OFFICER | 121 / | |
| PENDING ASSIGN TEAM | 04-JUN-2012 02:40 | ROBERTS, GEORGE | SUPERVISING INVESTIGATOR | 113 / | |
| PENDING SUPERVISOR REVIEW | 04-JUN-2012 02:38 | STEWART, DENISE | INTAKE AIDE | 113 / | |
| PRELIMINARY | 04-JUN-2012 01:03 | STEWART, DENISE | INTAKE AIDE | 113 / | |

Attachments

| No. | Type | Related Person | No. of Pages | Narrative | Original in File | Entered By | Entered Date/Time | Status | Approve Content | Approve Inclusion |
|-----|-----------------------------|----------------|--------------|-------------------|------------------|-----------------|-------------------|----------|-----------------|-------------------|
| 1 | FACE SHEET | | | | | STEWART, DENISE | 04-JUN-2012 01:03 | | | |
| | DOCUMENTS - INTAKE INCIDENT | | 1 | SGT. DICKMAN#1805 | N | STEWART, DENISE | 04-JUN-2012 02:31 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | | N | STEWART, DENISE | 04-JUN-2012 02:32 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | | N | STEWART, DENISE | 04-JUN-2012 02:37 | APPROVED | | |

Review Incident

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Review Accused

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Accused Finding History

| Accused | Allegation | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Finding | Finding Comments |
|---------|------------|-------------|--------------------|------|---------|---------|------------------|
|---------|------------|-------------|--------------------|------|---------|---------|------------------|

Accused Penalty History

| Accused | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Penalty | Penalty Comments |
|---------|-------------|--------------------|------|---------|---------|------------------|
|---------|-------------|--------------------|------|---------|---------|------------------|

Findings

| Accused Name | Allegations | Category | Concur? | Findings | Comments |
|--------------|-------------|----------|---------|----------|----------|
|--------------|-------------|----------|---------|----------|----------|

FACE SHEET (Notification Date: 04-JUN-2012) - LOG #1054481

TYPE: INFO

Reporting Party Information

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------------------------|------|----------|---------|-----------|----------|-----|------|---------|-------|
| NON-CPD Reporting Party Victim | | | | | | M | BLK | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|---------------|----------------------|
| 02-JUN-2012 09:00 - 02-JUN-2012 09:00 | | 0713 | 007 | 304 - STREET | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|--------------|-----------------|----------|---------|-----------|----------------|---------|---|
| CPD Employee | CLEARY, MICHAEL | 7514 | | 007 / | POLICE OFFICER | ON Duty | THE REPORTING PARTY STATES THAT HIS VEHICLE WAS INVOLVED IN A HIT AND RUN TRAFFIC ACCIDENT. HE ALLEGES THAT THE ACCUSED OFFICER FAILED TO ISSUE THE OTHER MOTORIST A CITATION FOR NOT HAVING INSURANCE. |

Incident Details

| | | | |
|--------------------------------|-----|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | | |
| Motor Vehicle (V)? | | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IAD | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Notify Chief? | |
| Notify Chief Administrator? | N | Notification Does Not Apply? | Y |
| Notify Coordinator? | | | |
| Notification Other? | N | | |

Initial Incident Category List

| Initial Incident Category | Primary? |
|--|----------|
| 07E - GROUP 07 - TRAFFIC (NOT BRIBERY/EXCESSIVE FORCE) FAIL TO ENFORCE TRAFFIC REGULATIONS | Y |

Assignment History

| Assigned To | Assigned Team | Investigator | Assignment Date/Time | Assigned By | Reason |
|-------------|---------------------------|------------------------------|----------------------|---------------------|--------|
| IAD | DISTRICT/UNIT | O CONNOR, MARK (PRIMARY INV) | 18-JUL-2012 08:36 | SCOTT, NIYA | |
| IAD | DISTRICT/UNIT | - | 05-JUN-2012 08:42 | DEL RIVERO, MINERVA | |
| IAD | INTERNAL AFFAIRS DIVISION | - | 04-JUN-2012 13:03 | STEWART, DENISE | |

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|-----------------------|-------------------|-------------|----------------------|-----------|----------|
| CLOSED/NO CONVERSION | 22-AUG-2012 09:56 | SCOTT, NIYA | PERSONAL COMP OPER 2 | 121 / | |
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| PENDING SUPERVISOR REVIEW | 04-JUN-2012 02:38 | STEWART, DENISE | INTAKE AIDE | 113 / | |
| PRELIMINARY | 04-JUN-2012 01:03 | STEWART, DENISE | INTAKE AIDE | 113 / | |

007th District

04 June 2012

TO: Commanding Officer
007th District

FROM: Sgt. Joseph Dickman #1805
007th District

SUBJECT: Initiation Report – CL # 1054481

COMPLAINANT: [REDACTED]
Date of Birth: [REDACTED]
Home Phone #: [REDACTED]

DATE & TIME: 02-JUN-12 / 09:00 hours

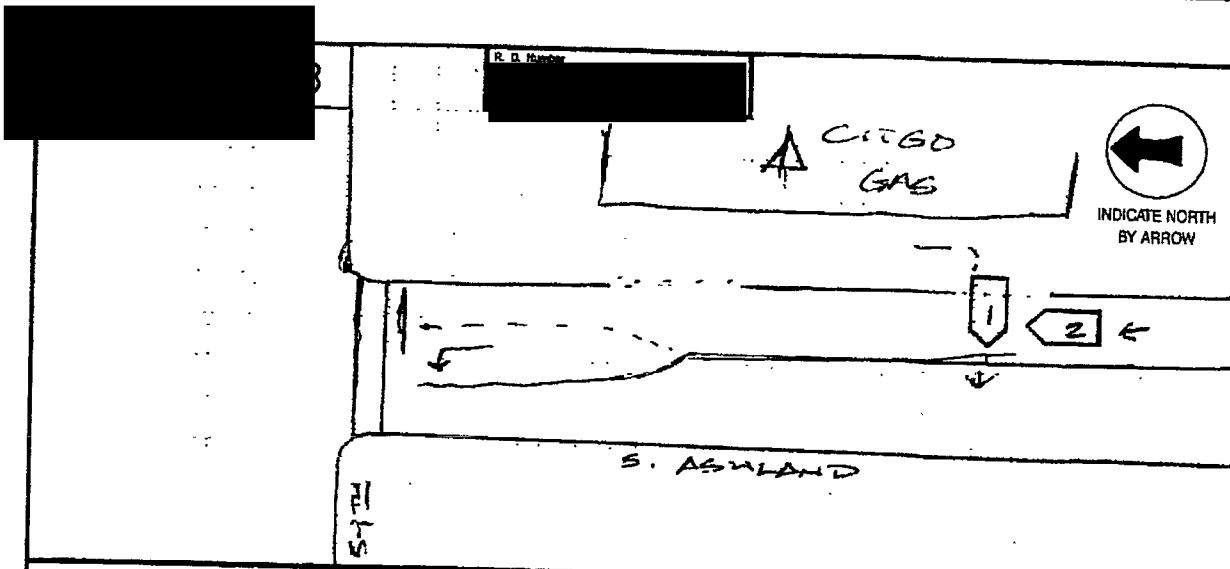
LOCATION: [REDACTED]

ACCUSED: P.O. CLEARY, Michael #7514

NOTIFICATIONS: DSS BLYSKAL #1122, 007th District 13:25 hours.
IPRA Investigator Stewart #34883, 13:00 hours

SUMMARY: The complainant stated that his vehicle was involved in a Hit-and-Run Traffic Crash. The complainant stated that he located the vehicle and met with the accused officer who he described as: M/2, 5'11", 180-190, 47-49, dark hair, in uniform and driving a marked SUV. The complainant stated the accused interviewed the driver of the fleeing vehicle and did issue her two citations for no driver's license and for leaving the scene of the crash, but failed to issue her a citation for failure to provide proof of valid insurance in that "none" was written in the policy number box. The undersigned contacted the insurance company listed on the Traffic Crash Report and was informed by Teo LOPEZ, an underwriter, that their policy numbers may not be shown on temporary insurance cards, but said cards would always indicate a date of expiration. Teo LOPEZ stated that they had no information in their computer system for the vehicle in question. Teo LOPEZ stated that the driver of the vehicle in question did have coverage which expired on 30-JUL-2011. The undersigned verified the accused from the Traffic Crash Report information


Sgt. Joseph Dickman #1805
007th District



50 NARRATIVE (Refer to vehicle by Unit No.)

DRIVER OF UNIT #2 STATED THAT HE WAS DRIVING NORTH
BOUND ON [REDACTED] THEN AS SHE APPROACHED THE
LIGHT UNIT #1, CAME OUT OF THE CITGO GAS STATION
IN FRONT OF HER. THE DRIVER OF UNIT #1, THEN FLED
THE SCENE BEFORE P.O.'S ARRIVAL

| | | | | | | |
|----------------------------------|------------------------------|--|----------------|---|---------------------------------------|--|
| 59 HIT & RUN WANTED DRIVER | SEX - RACE | AGE | HAIR COL. | DISTINGUISHING MARKS / CLOTHING DESCRIPTION | | UNIT NO. VEH. COLOR |
| MAJ. ONLY | OFFICER ASSIGNED STAR NO. | DATE ASSIGNED | SUPV. STAR NO. | IF CASE CLEARED HOW <input type="checkbox"/> ARREST PROSECUTION | | CITATION NO. |
| COURT RM. | COURT DATE | TIME | AM PM | CHARGES | <input type="checkbox"/> SEC. CLEARED | |
| SUSPENDED | | <input type="checkbox"/> TIM CANNOT ID OFFENDER <input type="checkbox"/> LETTER TO CONDUCT RETURNED BY POST OFF <input type="checkbox"/> VEH. REGISTRATION UNAVAILABLE | | <input type="checkbox"/> NO INVESTIGATIVE LEADS <input type="checkbox"/> WARRANT OBTAINED <input type="checkbox"/> INSUFFICIENT EVIDENCE FOR ARREST | | <input type="checkbox"/> VEH. STD. ID. NO. <input type="checkbox"/> OTHER (Specify) |
| PREPARED BY - SIGNATURE | | | STAR NO. | DATE (Day-Mo.-Yr.) | APPROVED BY-SIGNATURE STAR NO. | |

| | |
|---|----------------|
| 51 COMMERCIAL MOTOR VEHICLE (CMV) | |
| IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. | |
| A CMV is defined as any motor vehicle used to transport passengers or property and: 1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or 2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or 4. Is used or designed to transport between 8 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle). | |
| CARRIER NAME _____ | |
| ADDRESS _____ | |
| CITY/STATE/ZIP _____ | |
| 54 USDOT NO. _____ | ILCC NO. _____ |
| 52 Source of above info, <input type="checkbox"/> Side of Truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book | |
| 53 Gross Vehicle Weight Rating (GVWR) _____ | |
| Were HAZMAT placards displayed on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 55 If yes, name on placard _____ | |
| 4-digit UN no. _____ 1-digit Hazard Class no. _____ | |
| Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Did HAZMAT Regulations violation contribute to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Was a Driver/Vehicle Examination Report form completed? HAZMAT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No MCS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Form No. _____ | |
| 56 IDOT PERMIT NO. _____ WIDE LOAD? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TRAILER WIDTH(S): 0-96" 97-102" >102" 57 TRAILER 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRAILER 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft | |
| TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____ | |
| CRASH LOCATION: <input type="checkbox"/> CITY OF OR <input type="checkbox"/> NEAREST CITY MILES N E S W OR CHICAGO CIRCLE ONE CITY NAME | |
| SELECT CODES FROM BACK COVER OF CRASH BOOKLET VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____ | |

ILLINOIS TRAFFIC CRASH REPORT

Sheet 22 of 2 Sheets

2017-1-11
ADDITIONAL UNITS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------|--|--------|--|--------|--|--------|--|--------|--|--|--|-------|--|--------|--|---------|--|--------|--|--------|--|--|--|---------------------------------|--|------------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| 1 DRAC | | 2 PEDV | | 3 TRFD | | 4 TRFC | | 5 WEAT | | 6 ORVA | | 7 VES | | 8 VEH | | 9 LGHT | | 10 COLL | | 11 MAM | | 12 PRA | | 13 PPL | | 14 DOT (BARCODE) CONTROL NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U1 | | U2 | | U1 | | U2 | | U1 | | U2 | | U1 | | U2 | | U1 | | U2 | | U1 | | U2 | | U1 | | U2 | | C100255873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INVESTIGATING AGENCY CHICAGO POLICE DEPARTMENT | | | | | | | | | | | | 37 DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <u>OVER \$1,000</u> | | | | | | | | | | | | 38 \$500 OR LESS <u>NO</u> | | | | | | | | | | | | 39 TYPE OF REPORT ON SCENE <input checked="" type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED | | | | | | | | | | | | 31 <input type="checkbox"/> A No Injury / Drive Away | | | | | | | | | | | | 32 <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY CHICAGO | | | | | | | | | | | | COUNTY COOK | | | | | | | | | | | | INTERSECTION RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | HIT & RUN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | CIRCLE DAY OF WEEK SU MO TU WE TH FR SA <u>FR</u> | | | | | | | | | | | | 36 NUMBER MOTOR VEHICLES INVOLVED <u>2</u> | | | | | | | | | | | | PHOTO(S) TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | STATEMENTS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CIRCLE) <u>AT INTERSECTION WITH</u> | | | | | | | | | | | | (CIRCLE) <u>NAME OF INTERSECTION OR ROAD FEATURE</u> | | | | | | | | | | | | NAME <u>[REDACTED]</u> | | | | | | | | | | | | SEX <u>F</u> AGE <u>24</u> AIR <u>24</u> | | | | | | | | | | | | INJURY <u>B</u> EJECT <u>1</u> | | | | | | | | | | | | STATE <u>IL</u> CLASS <u>1</u> | | | | | | | | | | | | VEH <u>[REDACTED]</u> | | | | | | | | | | | | OWN <u>[REDACTED]</u> | | | | | | | | | | | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <u>2</u> | | | | | | | | | | | | FRONT <u>2</u> | | | | | | | | | | | | TOWED DUE TO CRASH <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> HAZMAT <input checked="" type="checkbox"/> SPILL <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> *IF YES SEE SIDEBAR | | | | | | | | | | | |
| MAKE <u>Ford</u> | | | | | | | | | | | | MODEL <u>Edge</u> | | | | | | | | | | | | YEAR <u>2012</u> | | | | | | | | | | | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <u>1</u> | | | | | | | | | | | | FRONT <u>1</u> | | | | | | | | | | | | TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> HAZMAT <input checked="" type="checkbox"/> SPILL <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> *IF YES SEE SIDEBAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKEN TO <u>[REDACTED]</u> | | | | | | | | | | | | EMS AGENCY <u>[REDACTED]</u> | | | | | | | | | | | | UNIT (SEAT) (DOB) (SEX) (SAFT) (AIR) (EJECT) (STATE) (CLASS) | | | | | | | | | | | | 40 PASSENGERS & WITNESSES ONLY (NAME) (ADDR) (TEL) | | | | | | | | | | | | 41 (HOSP) | | | | | | | | | | | | 42 (FAS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (REV) 1 (MOST) 1 (EVT) 1 (LOC) | | | | | | | | | | | | 23 DAMAGED PROPERTY OWNER NAME | | | | | | | | | | | | DAMAGED PROPERTY | | | | | | | | | | | | CONTRIBUTORY CAUSE(S) | | | | | | | | | | | | POSTED SPEED LIMIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 1 1 1 | | | | | | | | | | | | PROPERTY OWNER ADDRESS | | | | | | | | | | | | CITY | | | | | | | | | | | | STATE | | | | | | | | | | | | ZIP | | | | | | | | | | | | PRIMARY | | | | | | | | | | | | SECONDARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 1 1 1 | | | | | | | | | | | | 45 DATE POLICE NOTIFIED <u>06/12/12</u> | | | | | | | | | | | | TIME NOTIFIED <u>8:14</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | | | COMB DATE <u>06/23/12</u> | | | | | | | | | | | | COURT TIME <u>1:30</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

| | | | |
|--|--|---|---|
| 49 DIAGRAM | | INDICATE NORTH BY ARROW | |
| 50 NARRATIVE (Refer to vehicle by Unit No.) <i>report</i> In Summary: The original accident was completed by another police unit on 01 June 12. On 02 June 12 the driver of Unit #2 called the police because she had located the vehicle that had struck her car and fled the scene, now known as Unit #1. R/O located the driver of Unit #1 who had fled the scene of the accident. R/O issued two traffic citations to the driver of Unit #1. An accident sup. report is being submitted which now reflects the driver and vehicle information for Unit #1. | | | |
| 51 HIT & RUN WANTED DRIVER | SEX: RACE: AGE: HAIR COL: | DISTINGUISHING MARKS / CLOTHING DESCRIPTION | UNIT NO. VEH. COLOR |
| 52 OFFICER ASSIGNED STAR NO: | DATE ASSIGNED: | SUPV. STAR NO: | IF CASE CLEARED - HOW <input type="checkbox"/> ARREST PROSECUTION |
| COURT DIV: | COURT DATE: | TIME: AM PM: | CHARGES: <input type="checkbox"/> ENG. CLEARED |
| SUSPENDED: | <input type="checkbox"/> TIM CANNOT ID OFFENDER <input type="checkbox"/> LETTER TO CONTACT RETURNED BY POST OFF <input type="checkbox"/> VEH. REGISTRATION UNAVAILABLE | <input type="checkbox"/> NO INVESTIGATIVE LEADS <input type="checkbox"/> WARRANT OBTAINED <input type="checkbox"/> INSUFFICIENT EVIDENCE FOR ARREST | <input type="checkbox"/> VEH. STOLEN - RD NC <input type="checkbox"/> OTHER Specify: |
| PREPARED BY - SIGNATURE | | STAR NO: | DATE: Day-Mo-Yr |
| APPROVED BY SIGNATURE | | STAR NO: | |

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| 51 COMMERCIAL MOTOR VEHICLE (CMV) | |
| IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. | |
| A CMV is defined as any motor vehicle used to transport passengers or property and: 1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or 2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or 4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle). | |
| CARRIER NAME _____ | |
| ADDRESS _____ | |
| CITY/STATE/ZIP _____ | |
| 54 USDOT NO. _____ | ILCC NO. _____ |
| 52 Source of above info. <input type="checkbox"/> Side of Truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book | |
| 53 Gross Vehicle Weight Rating (GVWR) _____ | |
| Were HAZMAT placards displayed on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 55 If yes, name on placard _____ 4-digit UN no. _____ 1-digit Hazard Class no. _____ | |
| Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Did HAZMAT Regulations violation contribute to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Was a Driver/Vehicle Examination Report form completed? HAZMAT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No MCS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Form No. _____ | |
| 56 IDOT PERMIT NO. _____ WIDE LOAD? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TRAILER WIDTH(S): 0-96" 97-102" >102" 57 TRAILER 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRAILER 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft | |
| TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____ | |
| CRASH LOCATION: <input type="checkbox"/> CITY OF OR <input type="checkbox"/> NEAREST CITY MILES N E S W OR CHICAGO CIRCLE ONE CITY NAME | |
| SELECT CODES FROM BACK COVER OF CRASH BOOKLET: VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____ | |